

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between DANNY LEON HALE and wife, LINDA VANCE HALE, Grantors, and RUBY HALE, Grantees,

## WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

See Legal Description - Exhibit "A" - attached hereto and made a part hereof as if copied herein verbatim.

By way of explanation, James Leon Hale, died on September 18, 1999 in DeSoto County, Mississippi. See attached Death Certificate - Exhibit "B".

TO HAVE AND TO HOLD unto the Grantees, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

STATE MS. - DESOTO CO. *nd*

c:\property\wd

APR 26 10 54 AM '01

BK 391 117  
PK

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 1st day of March, 2001.

Danny Leon Hale  
DANNY LEON HALE

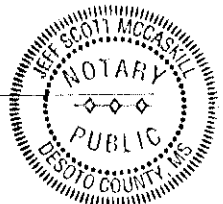
Linda Vance Hale  
LINDA VANCE HALE

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Danny Leon Hale and wife, Linda Vance Hale, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 1st day of March, 2001.

Jeff Scott McGaskill  
NOTARY PUBLIC



(SEAL)

My Commission Expires: 8/22/2001

MY COMMISSION EXPIRES:  
AUGUST 22, 2001

ADDRESS OF GRANTOR:

6622 Stateline Rd.  
Wadley, MS 38680  
Home: (662) 781-1522  
Work: N/A

ADDRESS OF GRANTEE:

6622 Stateline Rd.  
Wadley, MS 38680  
Home: (662) 781-0338  
Work: N/A

PREPARED BY AND RETURN TO:

HOLCOMB DUNBAR, P.A.

P. O. BOX 190

SOUTHAVEN, MS 38671-0190

(601) 349-0664

FILE# 900196/JMS

## EXHIBIT "A"

5.43 acres located in Section 13, Township 1 South, Range 9 West, of DeSoto County, Mississippi, and being the Eastern part of that land conveyed by warranty deed of record in Book 326 on page 125 and being described, as follows:

Beginning at a found 1/2-inch re-bar iron pin marking the Southeast corner of a certain 11.17 acre tract described in Book 326 on page 125 (by which direct reference is made),

Thence North 00° 34' 00" West 1095.31 feet (call 1097.43 feet) along the East line of said 11.17 acre tract to a found 2-inch pipe on the accepted Tennessee-Mississippi state line;

Thence South 89° 41' 03" West (call South 89° 42' 28" West) 221.50 feet along the said state line and the North line of said 11.17 acre tract to a set 1/2-inch re-bar iron pin,

Thence South 01° 06' 37" East 1092.92 feet to a set 1/2-inch re-bar iron pin on the South line of said 11.17 acre tract.

Thence South 89° 38' 31" East (call North 89° 42' 59" East) along the South line of said 11.17 acre tract 211.16 feet to the beginning.

**Indexing Instructions: Southeast Quarter of Section 13, Township 1 South  
Range 9 West, DeSoto County, Mississippi.**

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK391 Pg 120

EXHIBIT

"B"

TYPE OR PRINT  
WITH BLACK INK

FILING  
DATE

SEP 30 1999

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE  
NUMBER

12399-018224

DECEASED

1 NAME

First

Middle

Last

2 SEX

3a HOUR OF DEATH

3b DATE OF DEATH (Month, Day, Year)

James Leon HALE

Male

10:15A m

September 18, 1999

4 RACE (Specify White, Black, American Indian, etc.)

5a AGE AT LAST BIRTHDAY 5b MOS 5c DAYS 5d HOURS 5e MINS

6 DATE OF BIRTH (Month, Day, Year)

7a COUNTY OF DEATH

White

74 Years

February 19, 1925

DeSoto

7b CITY OR TOWN OF DEATH

8 HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number, or other location)

7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA

8 STATE OF BIRTH

Walls

6360 Stateline Rd

TN

9 DECEDENT'S EDUCATION (Specify only highest grade completed)

10 MARRIED NEVER MARRIED WIDOWED DIVORCED

11 SURVIVING SPOUSE (If wife, give maiden name)

12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

13 ORIGIN OR DESCENT (Specify, Cuban, Afro-American, Mexican, etc.)

14 SOCIAL SECURITY NUMBER

15a USUAL OCCUPATION (Kind of work done, most of working life)

15b KIND OF BUSINESS OR INDUSTRY

American

6

412-22-9572

Journeyman Electrician

IBEW

16a RESIDENCE-STATE

16b COUNTY

16c CITY OR TOWN

16d INSIDE CITY LIMITS (Specify Yes or No)

16e STREET AND NUMBER OR RURAL LOCATION

MS

DeSoto

Walls

Yes

6360 Stateline Rd

PARENTS

17 FATHER-NAME

First

Middle

Last

18 MOTHER-NAME

First

Middle

Maiden

James Franklin Hale

Betty Ussery

INFORMANT

19a INFORMANT-NAME (Type or print)

19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Ruby Hale

6360 Stateline Rd Walls MS 38680

DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify)

20b CEMETERY, CREMATORY-NAME

20c LOCATION (City and State)

21a EXAMINER-SIGNATURE AND NUMBER

Burial

Highland Memorial Gans Jackson TN

Alfred Barnes 4586

21b FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER

21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

George A. Smith & Sons 4494 P.O. Box 10457 Jackson TN 38308-0107

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)

22b PRONOUNCED DEAD (Month, Day, Year)

22c PRONOUNCED DEAD (Hour)

Wendy James, R.N.

ON 9/18/1999

AT 10:15A m

CERTIFIER

23a CERTIFIER-NAME (Type or print)

23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Jeffery Pounders

4942 Pounders Rd. Nesbit, Ms. 38651

24a To the best of my knowledge death occurred due to the cause(s) and manner as stated

24b On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.

SIGNATURE

24b DATE SIGNED (Month, Day, Year)

24c STATE LICENSE NUMBER

MD

SIGNATURE

24d TITLE

24e DATE SIGNED (Month, Day, Year)

24b DATE SIGNED (Month, Day, Year)

24c STATE LICENSE NUMBER

MD

SIGNATURE

24d TITLE

24e DATE SIGNED (Month, Day, Year)

24f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

ONLY

24f DATE SIGNED (Month, Day, Year)

9/24/1999

CAUSE OF DEATH

25 PART I. DEATH CAUSED BY:

IMMEDIATE CAUSE (Enter one cause only)

Chronic Obstructive Pulmonary Disease

Interval between onset and death

(a)

DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)

Interval between onset and death

(b)

DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)

Interval between onset and death

(c)

DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)

Interval between onset and death

(d)

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(g)

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(h)

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Interval between onset and death

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Interval between onset and death

(ay)

DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)